# **Depression in Older Adults**



# What You Need to Know and Helpful Resources

# Overview

Major Depressive Disorder, also known as 'clinical depression,' is characterized by experiencing a depressed mood or a loss of interest or pleasure in daily activities for more than two weeks, along with other symptoms such as changes in appetite, sleep disturbances, fatigue, feelings of worthlessness or guilt, difficulty concentrating, and recurrent thoughts of death or suicide. This condition significantly impacts an individual's daily life, work, and relationships.

There are a wide range of mental disorders, medical conditions, or drugs – both prescription and recreational – that can also cause depressive symptoms, so it is important to have a comprehensive assessment to rule out potential causes.

A comprehensive assessment means that your care team will want to learn more about you to understand how best to help you. It should include questions about your mental and physical health, your medical history, what medications you're taking, how you spend your time, and how you're feeling. It might include filling out a standardized questionnaire about your symptoms.

Be aware that signs and symptoms of depression vary from person to person.

# Treatment

There are good, evidence-based treatments for depression. You should have a choice of psychotherapy or antidepressant drugs. If your depression doesn't get better, you should be offered a combination of the two treatments. Because there are many effective treatments, most people will eventually get better, and it is important to remain hopeful and work with your doctor to find the right treatment for you.

In addition to medication and psychotherapy, your health care professional should offer you educational materials about other steps you can take that might improve your depression, such as sleep hygiene, exercise, yoga, nutrition, or light therapy, for example.

# Medications

Commonly recommended antidepressants include medications in the SSRI class, such as sertraline (Zoloft) or escitalopram (Cipralex) or SNRIs, such as duloxetine (Cymbalta). There are many more classes and medication options, and the choice will be based on your other health conditions, potential drug interactions, side effect profiles, and individual factors.

If you start on a new antidepressant, your healthcare professional should closely monitor the therapeutic effects or side effects of the medication. If your dosage is adjusted or your medications switched, and you're still not feeling better, another therapy should be tried.

To avoid the risk of your depression coming back, when you're feeling better, you should keep taking your antidepressant medication for several months; and if you have had multiple episodes or chronic or severe symptoms, you may need longer treatment. Your health care professional will work with you to develop this timeline. You should receive care if you start feeling worse again after treatment.

# Psychotherapy

Evidence-based psychotherapies that may be appropriate include cognitive behavioural therapy (CBT), which can be delivered as an individual or group, over the internet or in-person. There are also other types of psychotherapies that may be offered, including problem-solving therapy or interpersonal therapy (IPT).

## **Education and Support**

You and your family and caregivers should be offered information about your condition, community supports, and crisis services.

## Prevention

Higher levels of physical activity are associated with lower odds of developing depression. Self-help books (typically based on CBT principles) and some types of techniques, such as mindfulness-based stress reduction, may help to reduce the risk of developing a major depression in people who are having some of the symptoms of depression. Reducing social isolation and/or loneliness has been shown to reduce depressive symptoms.

#### Resources

#### Information

Canadian Coalition for Seniors' Mental Health (CCSMH). ccsmh.ca

Health Quality Ontario Quality Standard on Major Depression. Patient Reference Guide and Other Resources. <u>hqontario.ca</u>

CANMAT and MDAO. The CHOICE-D Patient and Family Guide to Depression Treatment. 2019. <u>canmat.org</u>

Mental Health Commission of Canada. Resources. mentalhealthcommission.ca

#### **Community resources**

*2-1-1* connects people with the appropriate information and services to enhance Canada's social infrastructure and enable people to fully engage in their communities. Visit <u>211.ca</u> or call 2-1-1.

YMCA programs are offered at more than 1,700 locations across Canada and help more than 2.25 million people annually become healthier in spirit, mind, and body. Find your local Y at <u>ymca.ca</u>.

The *Government of Canada*, mental health support website offers information on resources, supports and services, including those available in each province or territory. Visit <u>Get Help Here: Mental health support -</u><u>Canada.ca</u>.

9-8-8 Suicide Crisis Helpline. Available 24/7. Call or Text 9-8-8 or visit <u>988.ca.</u>

#### Psychotherapy

*Ontario Structured Psychotherapy Program*. Free CBT and related services for Ontario residents, including self-led resources guided by a coach or therapist (e.g., BounceBack®) and therapist-led CBT. <u>ontariohealth.ca</u>

*BounceBack*® is a free skill-building program from the Canadian Mental Health Association (CMHA). <u>bounceback.cmha.ca</u>

*MindBeacon* offers Canadians a full spectrum of digital mental health supports, from face-to-face live therapy, therapist-guided programs, messaging counselling, and free content. In many cases, MindBeacon services are covered by private insurance providers. <u>mindbeacon.com</u> *TELUS Health CBT* (formerly AbilitiCBT for individuals) is an internet-based cognitive behavioural therapy program that you can access from any device, any time. Like with MindBeacon, you pay for the program upfront and can get reimbursed through your benefits or insurance plan under your paramedical coverage or through your Health Care Spending Account if they cover it. <u>TELUS Health CBT Program</u>

#### Meditation

The *Headspace app* provides mindfulness tools for everyday life, including meditations, sleepcasts, mindful movement and focus exercises. <u>headspace.com</u> (paid subscription)

*Calm* is quite like Headspace, with a paid subscription to the app providing tools and content related to mindfulness, stress reduction techniques, and sleep. <u>calm.com</u>

*The Healthy Minds Program App.* This free app was developed by a non-profit affiliated with the University of Wisconsin-Madison. It includes meditations, podcast-style lessons, and other features. <u>hminnovations.org</u>

#### Self-help books

Dennis Greenberger and Christine A. Padesky. *Mind over Mood*. Second edition. 2015.

David D. Burns. *The Feeling Good Handbook*. 2<sup>nd</sup> revised edition. 1999.

#### McMaster Optimal Aging Portal-related

Psychological and mental health topic landing page. <u>mcmasteroptimalaging.org</u>

Video posts of relevance, including an overview of mental health apps and webinars on managing anxiety with CBT and exercise as medicine. <u>mcmasteroptimalaging.org/watch</u>

E-Learning lessons of relevance, including a lesson on social isolation. <u>mcmasteroptimalaging.org/e-learning</u>

#### References

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). March 2022.

Canadian Coalition for Seniors' Mental Health (CCSMH). Canadian Guidelines on Prevention, Assessment and Treatment of Depression Among Older Adults. 2021 Guideline Update.

Health Quality Ontario. Quality Standard. Major Depression: Care for Adults and Adolescents. 2016.

Jonsson U, Bertilsson G, Allard P, Gyllensvärd H, Söderlund A, Tham A, et al. (2016) Psychological Treatment of Depression in People Aged 65 Years and Over: A Systematic Review of Efficacy, Safety, and Cost-Effectiveness. PLoS ONE 11(8)

Kennedy S et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 clinical guidelines for the management of adults with major depressive disorder. Canadian Journal of Psychiatry, 2016.

**DISCLAIMER:** This resource has been provided for informational purposes only. They are not a substitute for advice from your own health care professional. This resource may be reproduced for not-for-profit educational purposes only. Any other uses must be approved by the McMaster Optimal Aging Portal (info@mcmasteroptimalaging.org).